PART B - FEE(S) TRANSMITTAL

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APPLICATION	NO.	FILING DATE		FIRST NAMED	NVENTOR		ATTORNEY D	OCKET NO.	CONFIRMATION NO.
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATE.					gon the patent front page, list s of up to 3 registered patent attorneys, alternatively, of a single firm (having as a member a orney or agent) and the names of up to patent attorneys or agents. If no name is ne will be printed. Warn, Hoffmann, Miller & LaLone, 2 3 3				
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a. Applicant	claims SMAL	n status indicated above L ENTITY status. See	37 CFR 1.27.	b. Applica	nt is no longe	r claiming SMA	ALL ENTITY st	atus. See 37	CFR 1.27(g)(2).
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TRANSMITTAL FORM (to be used for all correspondence after initial Total Number of Pages in This Submission	Application Number Filing Date First Named Inventor Art Unit Examiner Name	10/735,132 12/12/2003 Olijnyk et al. 2872 Mark A. Robinson SCH-00027-DVD					
Fee Transmittal Form Fee Attached Amendment/Repty After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	Address Status Letter Other Enclosure(s) (please Identify below): Issue Fee Transmittal Form PTOL-85 Return Receipt Postcard					
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	In the event that overpayment occurs, or if any additional fees are due in order to prevent the abandonment of this application, please consider this as authorization to credit/charge Deposit Account No. 500906 (Schefenacker Vision Systems USA Inc.) for any such fees. A duplicate copy of this document is enclosed for this purpose. TURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name Warn, Hoffmann, Mil Signature	Warn, Hoffmann, Miller & LaLone, P.C.						
Printed name Philip R. Warn Date October 24, 2005	Dog No.						

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